

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4757USw
 First Names Inventor:
DICKERSON et al
Complete if known:
 App No.:

- () Declaration submitted with initial filing or
 () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22719 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. <u>60/397,947</u>	<u>07/23/2002</u>
2.	
3.	

10/521909

Rec'd PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET NUMBER PU4757USw	
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)	
				PATENTED	PENDING
				ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number <u>23347</u>				Direct Telephone Calls to: Amy H. Fix 919-483-8911	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
1-00	2	FULL NAME OF INVENTOR	FAMILY NAME <u>DICKERSON</u>	FIRST GIVEN NAME <u>Scott</u>	SECOND GIVEN NAME/INITIAL <u>Howard</u>
		INVENTOR'S SIGNATURE	Signature <u>Scott Howard Dickerson</u>		Date: <u>9/12/03</u>
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u> <u>NC</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>US</u>
	1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>		CITY <u>Research Triangle Park</u> STATE & ZIP CODE/COUNTRY <u>NC 27709 US</u>
2-00	2	FULL NAME OF INVENTOR	FAMILY NAME <u>GARRIDO</u>	FIRST GIVEN NAME <u>Dulce</u>	SECOND GIVEN NAME/INITIAL <u>Maria</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u> <u>NC</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>CN</u>
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3-00	2	FULL NAME OF INVENTOR	FAMILY NAME <u>MILLS</u>	FIRST GIVEN NAME <u>Wendy</u>	SECOND GIVEN NAME/INITIAL <u>Yoon</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u> <u>NC</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>US</u>
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DECLARATION FOR "371" APPLICATION

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4A	2	FULL NAME OF INVENTOR	FAMILY NAME KANO	FIRST GIVEN NAME Kazuza	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE	Signature		Date:
5A	0	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi <i>JP</i>	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
	4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
6A	2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY Durham <i>NC</i>	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7A	2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY Durham <i>NC</i>	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
8A	2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
		INVENTOR'S SIGNATURE	Signature <i>Jayne Lyn Roark Wilson</i>		Date: <i>9/5/03</i>
	0	RESIDENCE & CITIZENSHIP	CITY Durham <i>NC</i>	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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	2	FULL NAME OF INVENTOR	FAMILY NAME ZHOU	FIRST GIVEN NAME Hui-Quiang	SECOND GIVEN NAME/INITIAL Q
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY Durham <i>NC</i>	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria	
	INVENTOR'S SIGNATURE	Signature <i>Dulce M. Garrido</i>			Date: <i>Sept 4, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
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DECLARATION FOR "371" APPLICATION

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	INVENTOR'S SIGNATURE	Signature			Date:
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	INVENTOR'S SIGNATURE	Signature			Date:
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon	
	INVENTOR'S SIGNATURE	Signature <i>Wendy J. Mills</i>			Date: <i>9/12/03</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
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	INVENTOR'S SIGNATURE	Signature		Date:
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		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
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**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET NUMBER
PU4757USw

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Amy H. Fix
919-483-8911**23347**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		KANO	Kazuya	
0	INVENTOR'S SIGNATURE	Signature <i>Kazuya Kano</i>		Date: 19.9.2003
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Tsukuba-shi	JP	JP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		PEAT	Andrew	James
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		THOMSON	Stephen	Andrew
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		WILSON	Jayne	Lyn, Roark
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		ZHOU	Hui-Qutang	Q
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	CN
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709 US

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4757USw

First Names Inventor:
DICKERSON et al

Complete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22719 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. <u>60/397,947</u>	<u>07/23/2002</u>
2.	
3.	

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Continued					
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)	
				<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462					
Address all correspondence and telephone calls to Customer Number 23347 <div style="font-size: 2em; font-weight: bold; margin-top: 20px;">23347</div>				Direct Telephone Calls to: <div style="text-align: center;"> Amy H. Fix 919-483-8911 </div>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY NC 27709 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP CN
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME KANO	FIRST GIVEN NAME Kazuya	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE	Signature <i>Andrew J Peat</i>		Date: <i>9/26/03</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayne	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME ZHOU	FIRST GIVEN NAME Hui-Quiang	SECOND GIVEN NAME/INITIAL Q
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
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